

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



ATTY. DOCKET NO.  
PC/4-32584A  
APPLICATION NO.  
10/522,421  
APPLICANT  
MEYER ET AL.  
FILING DATE  
March 25, 2005

Group 16/15

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

## FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO
/T.P.T./ AM	0 086 093	5/7/86	EP			<input type="checkbox"/> <input checked="" type="checkbox"/>
/T.P.T./ AN	0 261 422	3/30/88	EP			<input type="checkbox"/> <input checked="" type="checkbox"/>
/T.P.T./ AQ	0 405 090	1/6/92	EP copy not provided, cited on PTO-892			<input type="checkbox"/> <input checked="" type="checkbox"/>
/T.P.T./ AP	0 864 326	9/16/98	EP (abstract only)			<input type="checkbox"/> <input checked="" type="checkbox"/>
/T.P.T./ AQ	0018396	4/6/00	WO (abstract only)			<input type="checkbox"/> <input checked="" type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER

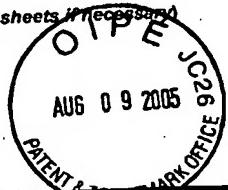
/Timothy Thomas/

DATE CONSIDERED 09/10/2007

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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Group 1615

## FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
CA	0478680*	10/25/01	WO	no copies provided		<input type="checkbox"/>	<input type="checkbox"/>
CB	02/15892*	2/28/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T./	CC 0220 670	1/7/93	EP			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T./	CD 2 203 338	10/19/88	GB			<input type="checkbox"/>	<input type="checkbox"/>
CE	98 15284*	4/16/98	WO	no copy provided		<input type="checkbox"/>	<input type="checkbox"/>
CF						<input type="checkbox"/>	<input type="checkbox"/>
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CQ						<input type="checkbox"/>	<input type="checkbox"/>
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CY						<input type="checkbox"/>	<input type="checkbox"/>
CZ						<input type="checkbox"/>	<input type="checkbox"/>

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